

Gate Keeping Hospital First Visits

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Define

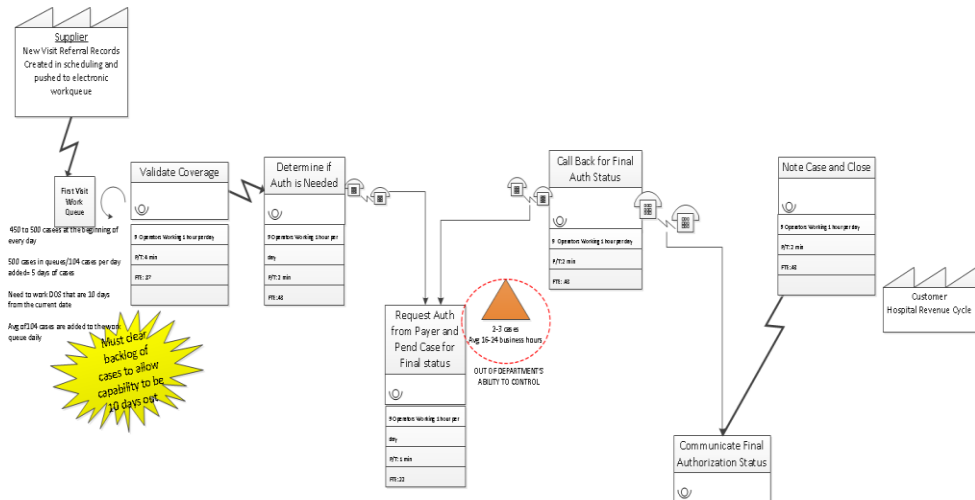
- **Problem Statement:** The hospital schedules an average of 102 new patient visits per day. The hospital is not a contracted provider with the payers for approximately 10% of those visits. Failure to identify these visits prior to services being delivered results in cost in denied dollars, and resource cost to try to recover the loss.
- **Project Goal:** Complete all First Visit Referral authorizations 10 days prior to the scheduled DOS by January 1, 2013
- Determine appropriate staffing to support customer demand for First Visit case completion by 10/1/2012
- Adequate clinical experience/training through opportunities for additional education by July 2013
- Flag all problem OON First Visits at time of scheduling by August 1, 2012
- **Business Impact:** The average charge for a first visit is \$4535. If authorization is not obtained before the first visit occurs that claim and all subsequent claims will be denied for payment.

Stakeholders: Patient Access Services
Scheduling, Registration, and Precertification

Customer & Impact: Customers include the Health System Revenue Cycles and Patients

Project Timeline:

	<u>Phase I Close Date</u>	<u>Phase II Close Date</u>
Define	November 2011	November 2011
Measure	February 2011	September 2012
Analyze	June 2011	Continuing
Improve	Continuing	Continuing
Control	Continuing	Continuing



Measure

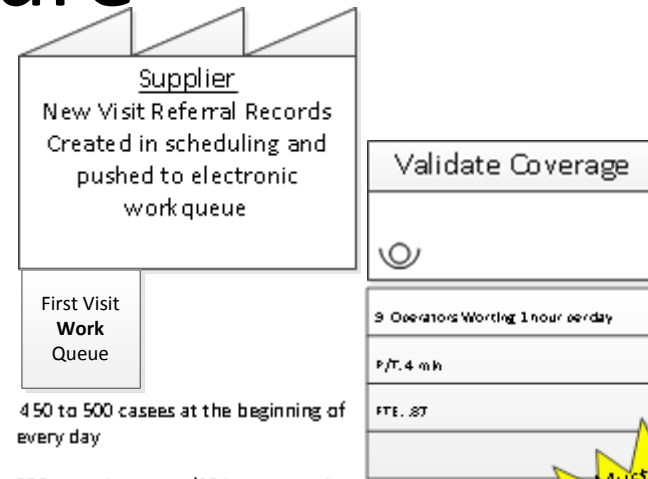
Metrics

Primary Y: "Days Out" first visit cases are being completed

Operational Definition: First visit cases should be authorized/completed 10 days prior to the date of service

Additional KPIs: Number of cases completed per day

Number of operators working in the first visit work queue



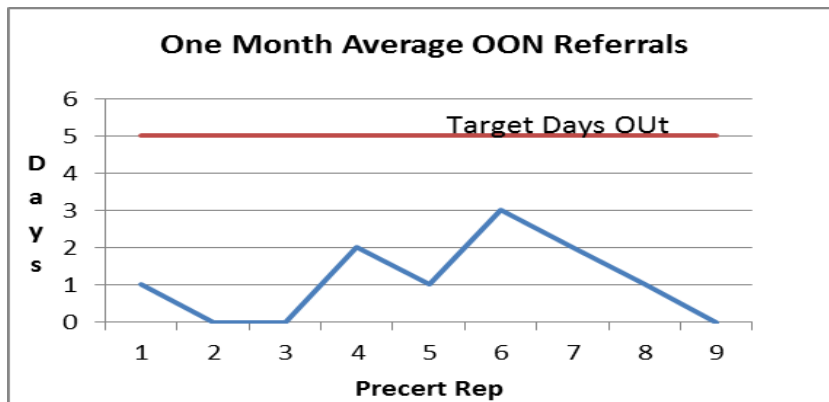
450 to 500 cases at the beginning of every day

500 cases in queues/104 cases per day added= 5 days of cases

Need to work DOS that are 10 days from the current date

Avg of 104 cases are added to the work queue daily

Must clear backlog of cases to be able to determine appropriate staffing

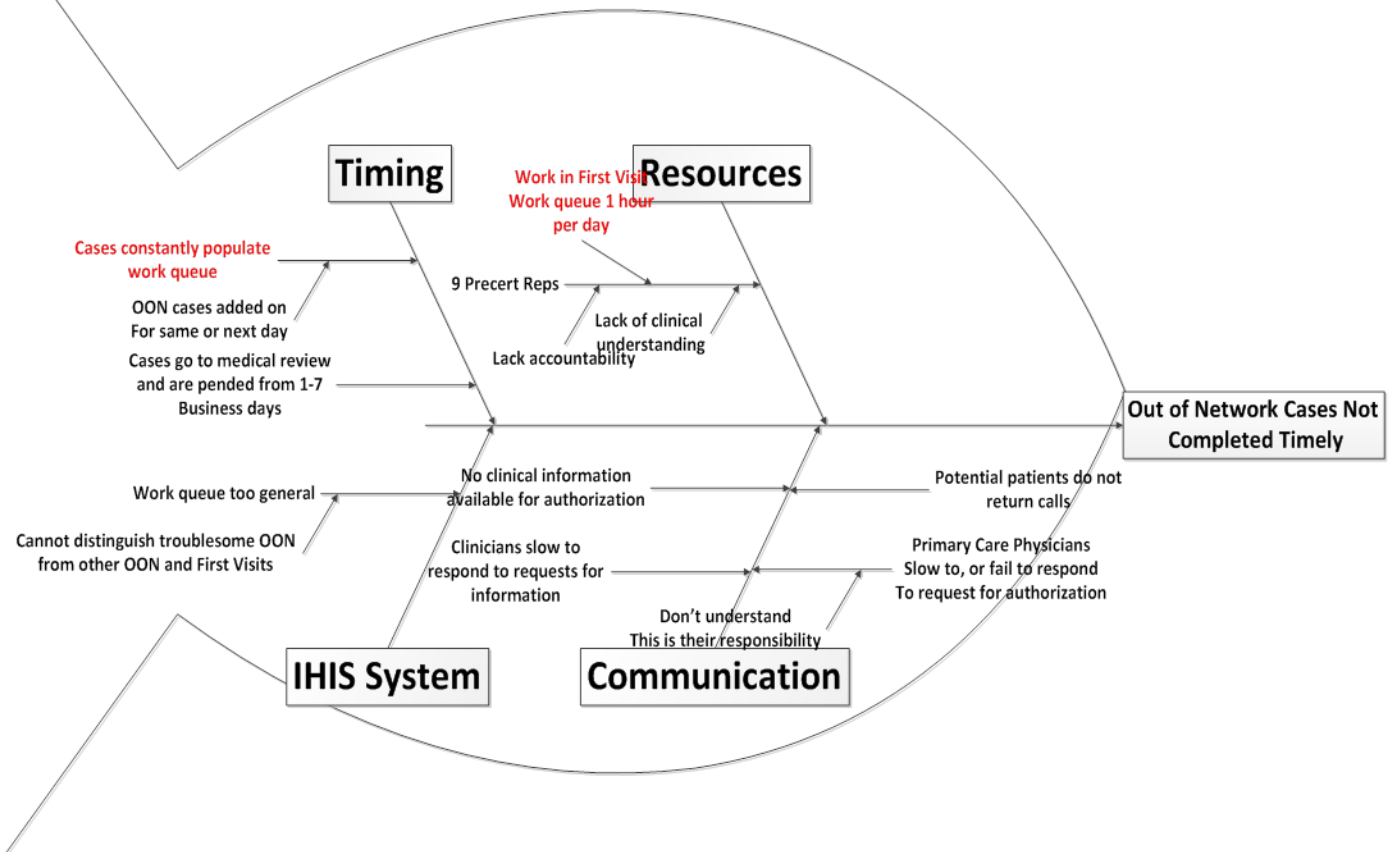


BIG WINS:

- 2 week focus project resulted in the clearing of 239 case back log from the First Visit Work queue. **Risk avoidance = \$1.1 million** in gross revenue.
- Unanticipated **increase in efficiency** and ability to work imaging cases 8 to 10 days out consistently
- Increased **staff pride** and **accomplishment**
- Increased **collaboration** and process **consistency across business units**
- **Decreased Process Lead Time by 4 days**

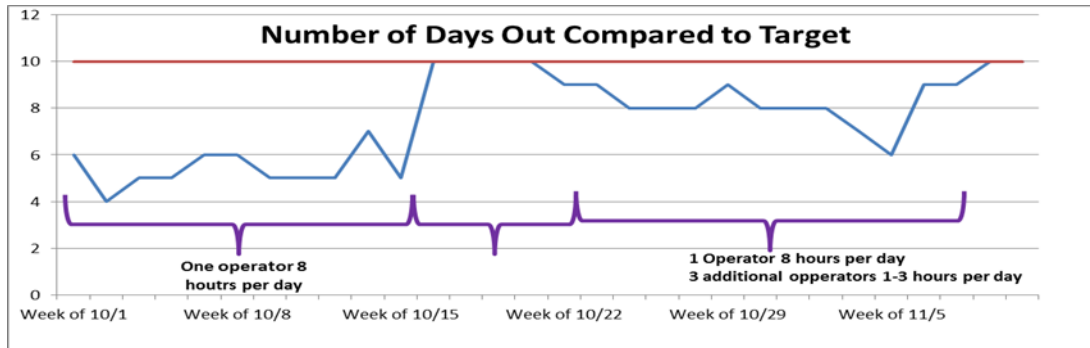
Analyze

Root Cause Identification



Improve

Improvement Plan



Control

Control Plan

Daily monitoring of First Visit work queue status with graphs posted on Team Huddle Board

Immediate re-deployment of additional resources to First Visit work queue real-time if indicated by work queue review or staff indication

Respond and react to changes in payer requirements, stay nimble

Communication plan with health system developed to ensure any changes in the OON process is communicated timely

Monthly spot checks for OON patient type placement with feedback to scheduling and registration managers on gaps in performance

Stakeholder Review

This process will remain the responsibility of the project leader

Benefits

- Approximately 85% of all first visit cases are reviewed 10 prior to the appointment date
- Status of the First Visit work queue monitored on a daily basis allowing for immediate allocation of additional resources if needed
- Avoidance of lost dollars to cases with payers not contracted with the hospital est \$1.0 million per year

Project Conclusions

Next Steps

1. Assign and train second FTE to First Visit Work queue
2. Determine if there is a particular type of First Visit that is requiring more resource and time for completion
3. Use this design to look at other precertification work done in the department

Lessons Learned

1. Make sure you have leadership that will stay engaged in the project as it evolves
2. Changes takes time and maintenance

Opportunities

- Process currently being shared through a system wide Revenue Cycle process improvement event

